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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		roi Otile	i illali Ali F	utilorize	eu Commi	iiiee		Office U	se Only	
1.	NAME OF COMMITTEE (in full)		MAILING LABE OR PRINT	_	cample:If typ er the lines	ing, type				
	American Health Care Assoc	ciation Politic	al Action Comm	nittee						
1		1 1 1 1			1 1 1	1 1 1 1			1 1 1	1
AD	DRESS (number and street)	1201 L S	Street, NW							
_		1			1 1 1					1
L	Check if different than previously reported. (ACC)	Washin	gton				DC	2	0005	
2.	FEC IDENTIFICATION NUM	MBER 🔻		CITY 🛕			STATE	4	ZIPCODE	A
	C00006080		3.	IS THIS REPOR	т	NEW (N) C	OR	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)		port	Feb 20 (M2	2)	May 20 (M5)	Aug 20 (M8)	N (P	ov 20 (M11) Non-Election ear Only)
	(a) Quarterly Reports:	Du	e On:	Mar 20 (M	3)	Jun 20 (l	M6)	Sep 20 (M9)	D	ec 20 (M12) Non-Election ear Only)
	April 15		X	Apr 20 (M4	.)	Jul 20 (M	17)	Oct 20 (M10)	J	an 31 (YE)
	Quarterly Report(C	(c)	12-Day PRE-Election		Primary (1	12P)	Ge	eneral (12G)	R	unoff (12R)
	Quarterly Report(0 October 15 Quarterly Report(0		Report for the	e:	Convention	on (12C)	Sp	ecial (12G)		
	January 31 Quarterly Report(Y		Ele	ection on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		30-Day Post -Electio Report for the		General (30G)	Ru	noff (30R)	S	pecial (30S)
	Termination Repor (TER)	t	·	ection on					in the State of	
5.	Covering Period 0	3 01	2008		throug	h 0	3 3	2008		
l ce	ertify that I have examined this			knowledge	and belief i	t is true, cor	rect and com	plete.		
Тур	oe or Print Name of Treasurer	Ms. Ga	il Clarkson							
Sig	nature of Treasurer Electro	onically Filed	by Ms. Gail (Clarkson			Date	0 4	8 2	0 0 8
NO	TE : Submission of false, erro	oneous, or inc	omplete inform	ation may s	ubject the p	erson signir	ng this Repor	t to the penalties	of 2 U.S.C	437g.
	Office Use Only								FORM ev. 12/2004)	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Health Care Association Political Action Committee [®] D D 03 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 112871.46 January 1 (b) Cash on Hand at 108848.24 Begining of Reporting Period 22693.79 189034.78 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 131542.03 301906.24 6(a) and 6(c) for Column B) 57132.40 227496.61 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 74409.63 74409.63 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3^D1 М М 2008 М М 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 175493.68 20768.68 (i) Itemized (use Schedule A) 1925.11 11041.10 (ii) Unitemized (iii) TOTAL (add 22693.79 186534.78 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 2500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 22693.79 189034.78 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 22693.79 189034.78 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 22693.79 189034.78 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	632.40	2696.61
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	632.40	2696.61
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	56500.00	221050.00
4.	and Other Political Committees Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
^	(use Schedule F)	0.00	0.00
	Loan Repayments Made		
7. 8.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	3750.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	3750.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57132.40	227496.61
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	57132.40	227496.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	22693.79	189034.78
34.	Total Contribution Refunds (from Line 28(d))	0.00	3750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22693.79	185284.78
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	632.40	2696.61
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	632.40	2696.61

FE6AN026

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Alan Anderson Mailing Address 5001 E Anaheim Stre	et		Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: C394887
	Long Beach FEC ID number of contributing federal political committee.	CA	90804-3214	Amount of Each Receipt this Period 1000.00
	Name of Employer Bel Vista Convalescent Ho- spital Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		
3.	Full Name (Last, First, Middle Initial) Mary Baker Mailing Address 108 Starr Avenue PO Box 1129			Date of Receipt 0 3 2 7 2 0 0 8
	City	State	Zip Code	Transaction ID: C405433
	Turlock	CA	95380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Name of Employer Mark One Corp.	Occupation Administ		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Chance Becnel	1		Date of Receipt
	Mailing Address 935 Bellevue PI			03 25 2008
	City	State	Zip Code	Transaction ID: C407709
	Jackson FEC ID number of contributing federal political committee.	MS C	39202-2702	Amount of Each Receipt this Period 500.00
	Name of Employer Tara Cares	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional) .	1)	2750.00

SCHEDULE A (FEC Form 3X)

OI	for commercial purposes, other than using the	tatamanta mai	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Pol	itical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Bobby Beebe			Date of Receipt
	Mailing Address 763 Avery Boulevard N	lorth		03 21 2008
	City	State	Zip Code	Transaction ID: C407567
	Ridgeland	MS	39157-5218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Magnolia Management Corpo- ration	Occupation Vice Pres		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	2500.00	
	Full Name (Last, First, Middle Initial) Steve Bellone			Date of Receipt
	Mailing Address 921 East Fort Avenue Suite 240			03 / 25 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C407706
	Baltimore	MD	21230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer White Oak Healthcare, LLC	Occupation Presiden	t/ CEO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) John Derr			Date of Receipt
	Mailing Address 2001 Piper Circle			03 20 7 2008
	City	State	Zip Code	Transaction ID: C407564
	Anacortes	WA	98221-3125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JD 7 Associates Enterpris- es	Occupation Partner	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(cricic orly orle)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association		person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Dunn Mailing Address 870 Bexley Ave		Date of Receipt 0 3 0 6 2 0 0 8
City Marion	State Zip Code OH 43302-5463	Transaction ID: C395849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Marion Manor Nursing Hm	Occupation	250.00
Marion Manor Nursing Hm Inc Receipt For: Primary General Other (specify)	Administrator Aggregate Year-to-Date ▼ 250.0	0
Full Name (Last, First, Middle Initial) Tripp Francis Mailing Address 102 Woodchase Pa	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C396050
Clinton	MS 39056-4113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Trinity Mission of Clinton LLC	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.0	0
Full Name (Last, First, Middle Initial) Tripp Francis Mailing Address 102 Woodchase Page	ark Drive	Date of Receipt
		03 25 2008
City <u>Clinton</u>	State Zip Code MS 39056-4113	Transaction ID: C407710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Trinity Mission of Clinton LLC Receipt For:	Occupation Administrator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.0	0
SURTOTAL of Receints This Page (ontion)	al)	1250.00

IT E	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS r information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Pol	e name and add	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dave Helmsin			Date of Receipt
	Mailing Address 1717 I St			03 26 2008
	City	State	Zip Code	Transaction ID: C407711
	Sacramento	CA	95811-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Capitol Advocacy	Occupation Partner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Douglas Johnson	1		Date of Receipt
	Mailing Address 1501 42nd St Ste 230			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C407707
•	West Des Moines FEC ID number of contributing federal political committee.	C	50266-1005	Amount of Each Receipt this Period 1000.00
İ	Name of Employer Hawkeye Care Centers, Inc.	Occupation Vice Pres		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Bruce Kelly	1		Date of Receipt
	Mailing Address 312 Main Street			03
	City	State	Zip Code	Transaction ID: C407570
•	Natchez	MS	39120-3462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Senior Living Centers	Occupation Owner	n	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00]
su	IBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
or for commercial purposes, other than using t	Statements may not be sold or used he name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road Sou PAYROLL DEDUCT	ON	03 / 03 / 2008
City	State Zip Code	Transaction ID: C395127
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		237.36
Full Name (Last, First, Middle Initial) David Kyllo	•	Date of Receipt
Mailing Address 4621 28th Road Sou PAYROLL DEDUCT	ON	03 / 03 / 2008
City	State Zip Code	Transaction ID: C395128
<u>Arlington</u>	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	237.36
Full Name (Last, First, Middle Initial) David Kyllo	- I	Date of Receipt
Mailing Address 4621 28th Road Sou PAYROLL DEDUCT		03 / 12 / 2008
City	State Zip Code	Transaction ID: C397494
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		237.36

SCHEDULE A (FEC Form 3X)

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I Brad Payne Mailing Address 818 City Westerville	<u> </u>	Zip Code	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of cont federal political committed Name of Employer Laurel Health Care	ributing	43082 on	Amount of Each Receipt this Period 5000.00
Laurel Health Care Receipt For: Primary Other (specify)	Executiv	ve Vice President CFO e Year-to-Date ▼ 5000.00	
	Middle Initial) & Goffman Co., LPA 00 Chagrin Boulevard		Date of Receipt 0 3 2 5 2 0 0 8
City Cleveland FEC ID number of cont federal political committed	State OH	Zip Code 44124	Transaction ID: C407708 Amount of Each Receipt this Period 250.00
Name of Employer Rolf & Goffman Co., LF Receipt For: Primary Other (specify)	Presider	on nt & Partner e Year-to-Date ▼	1
Full Name (Last, First, I Frank Romano Mailing Address 57 S	Middle Initial) Summer Street		Date of Receipt
City Rowley FEC ID number of cont		Zip Code 01969-1835	Transaction ID: C394892 Amount of Each Receipt this Period 1250.00
federal political committed Name of Employer Essex Group	Occupation CEO	on	
Receipt For: Primary Other (specify)		e Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts	This Page (optional)		6500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	Statements may not be sold or used by any person ename and address of any political committee to solution.	n for the purpose of soliciting contributions solicit contributions from such committee.
/		
Full Name (Last, First, Middle Initial) Philip Scalo		Date of Receipt
Mailing Address 979 Lily Pond Lane		03 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C405435
Franklin Lakes	NJ 07417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Bartley Healthcare	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Floyd Schlossberg		Date of Receipt
Mailing Address 4200 W Peterson Ave		03 11 2008
City	State Zip Code	Transaction ID: C397317
Chicago	IL 60646-6819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1250.00
Name of Employer Alden Management Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ina Schlossberg	<u> </u>	Date of Receipt
Mailing Address 4200 W Peterson Ave		03 / 11 / 2008
City	State Zip Code	Transaction ID: C397315
Chicago	IL 60646-6819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Alden Enterprises	Occupation Special Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional) .	1	3500.00

A.

В.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) W Parker Tomlinson			Date of Receipt
Mailing Address 513 E Whitaker Mil	l Rd		03 / 13 / 2008
City	State	Zip Code	Transaction ID: C397505
Raleigh	NC	27608-2633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Mayview Convalescent Cent- er	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Michael Torgan			Date of Receipt
Mailing Address 5120 West Goldlea Suite 400	f Circle		03 27 2008
City	State	Zip Code	Transaction ID: C405434
Los Angeles	CA	90056-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Country Villa Health Svcs.	Occupation Vice Pres		
Receipt For: Primary General Other (checifu)	Aggregate	Year-to-Date ▼ 250.00	7

SUBTOTAL of Receipts This Page (optional)	•	650.00
TOTAL This Period (last page this line number only)		20768.68

Other (specify)

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 14/23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D60896 **BB & T CREDIT CARD** Date of Disbursement 3 1 0 3 2008 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 508.50 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D60895 BB & T Date of Disbursement 3 1 0 3 2008 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 123.90 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	632.40
TOTAL This Period (last page this line number only)	•	632.40

Other (specify)

State:

SCHEDULE B (FEC Form 3X)

			-		arate schedule(s))K LINE reck only		n.			FAC	jE 1	15 / 23	
IT	EMIZED DIS	SBURSEMEN	IIS		category of the Summary Page		21b 27	22 28a	Х	23 28b	\square	24 28c	ш	25 29	20
	for commercial pur	ed from such Reports poses, other than usi													
$ \rangle$	NAME OF COMM American Heal	MITTEE (In Full) th Care Association	on Political	Action C	Committee										
\mathbb{L}	Full Name (Last	First, Middle Initial)					Т								
	Chet Edwards							Date		on ID:	ement		V	V	V
	Mailing Address	5006 Lakeland 328 Cannon Ho		lldg				0 3			7	L		8 0	
	City Waco			State TX	Zip Code 76710			Amou	ınt o	f Each	Disb	ursen	nent t	his Pe	eriod
	Purpose of Disbu Contributions to F	rsement Federal Candidates				-		L.	-				100	00.00	
	Candidate Name Rep. Chet Edw	vards				ateg Typ	ory/ e								
	Office Sought: State: TX	X House Senate President District: 17		ment For: Primary Other (spe	2008 General										
		First, Middle Initial)						Trans	a o ti	on ID	. Den	151			
	Chet Edwards	. ,						Date		isburs	ement	-	Y	Υ _ `	Y
	Mailing Address	5006 Lakeland 328 Cannon Ho		lldg				0 3			7	L	2 0	8 0	
	City Waco			State TX	Zip Code 76710			Amou	ınt o	f Each	Disb				
	Purpose of Disbu Voided check	rsement					ů		0	_			-100	00.00	
	Candidate Name Rep. Chet Edw	<i>ı</i> ards				ateg Typ	jory/								
	Office Sought: State: TX	X House Senate President District: 17		ment For: Primary Other (spe	2008 General ecify)										
	Full Name (Last, Chet Edwards	First, Middle Initial) for Congress	•						of D	isburs	ement	•••			
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Mailing Address PO BOX 1801				0 3	М	[/] C	7 7	Y	ž	o ŏ	В
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Purpose of Disbursement Contributions to Federal Candidates		•	1		_			_	50	0.00.0	00
Candidate Name Sen. Lindsey O. Graham		Category/ Type									
X Senate President	ement For: 2008 Primary X General Other (specify)										
State: SC District: 00											
Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08				Trans Date o	of Di	isburs	ement	39			
Mailing Address 7300 HUDSON BLVD S	UITE 270A			0 3	M	[/] 1	9 /	Y	ž	o ŏ	3 ^Y
City ST PAUL	State Zip Code MN 55128			Amou	nt o	f Each	Disbu	rse	-		
Purpose of Disbursement Contributions to Federal Candidates			1		_				į	500.0	00
Candidate Name Sen. Norm Coleman	C	Category/ Type									
Office Sought: House Senate President Disburs	ement For: 2008 Primary X General Other (specify)										
State: MN District: 00	Other (specify)										
Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND			I	Trans Date o	of Di	isburs	ement	150			
Mailing Address P.O. Box 32025				0 3	M .	[′]	7	Y	ž	o ŏ	3 ^Y
City Phoenix	State Zip Code AZ 85064			Amou	nt o	f Each	Disbu	rse	men	t this	Period
Purpose of Disbursement			1						1(0.00.0	00
Contributions to Federal Committees Candidate Name		Category/									
Senate President	ement For: Primary General Other (specify)										
State: District:											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					-	65	0.00	0

A.

В.

District:

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 / 23 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Health Care Association Politica	I Action Committee	
Full Name (Last, First, Middle Initial) SYNERGY PAC		Transaction ID: D60640 Date of Disbursement
Mailing Address 6849 OLD DOMINION D	RIVE SUITE 222	0 3 M / D 1 9 / Y 2 0 0 8 Y
City MCLEAN	State Zip Code VA 22101	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/ Committee		5000.00
Candidate Name	l l	tegory/ ype
Senate President	ement For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) TOGETHER FOR OUR MAJORITY POLIT OMPAC)	TICAL ACTION COMMITTEE	
Mailing Address PO Box 16488		03
City Arlington	State Zip Code VA 22215	Amount of Each Disbursement this Period
Purpose of Disbursement Voided check		-1500.00
Candidate Name	l l	tegory/ ype
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\psi\)	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3500.00
TOTAL This Period (last page this line number only)		56500.00

State: